

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Fleming For Congress

ADDRESS (number and street)

PO Box 1236

Check if different than previously reported. (ACC)

Minden

LA

71058-1236

2. FEC IDENTIFICATION NUMBER ▼

C C00445015

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

LA

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Shaw

Signature of Treasurer Susan Shaw

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Fleming For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 03 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	90479.2	1486015.44
(b) Total Contribution Refunds (from Line 20(d)) .....	0	6150
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	90479.2	1479865.44
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	64742.82	752380.8
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0	765.5
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	64742.82	751615.3
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	1098450.67	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	148735.08	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Fleming For Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30396.2	1146668.84
(ii) Unitemized .....	4583	78372.4
(iii) TOTAL of contributions from individuals .....	34979.2	1225041.24
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	55500	260075
(d) The Candidate .....	0	899.2
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	90479.2	1486015.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0	765.5
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	90.6	1572.19
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	90569.8	1488353.13

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	64742.82	752380.8
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	100000
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	100000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	6150
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	6150
21. OTHER DISBURSEMENTS .....	239.77	839.77
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	64982.59	859370.57

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1072863.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	90569.8
25. SUBTOTAL (add Line 23 and Line 24).....	1163433.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64982.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1098450.67

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Smith Land Company**

Mailing Address **PO Box 550**

City **Springhill** State **LA** Zip Code **71075-0550**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : A-CF13109**

Amount of Each Receipt this Period  
**2600**

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**B.** Full Name (Last, First, Middle Initial)  
**Mr. A. Lamar Smith**

Mailing Address **1214 Baker Street**

City **Springhill** State **LA** Zip Code **71075-3610**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**LOMAX Farm LLC** **Farmer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : A-PIP92**

Amount of Each Receipt this Period  
**2600**

**[MEMO ITEM]**  
Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Samuel K. Abshire**

Mailing Address **926 Frances Drive**

City **Haynesville** State **LA** Zip Code **71038-6100**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Butler-Abshire Medical Clini** **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : A-CF12880**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2850.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Larry M. Allen**

Mailing Address 1 Beaux Rivages Drive

City Shreveport State LA Zip Code 71106-6806

FEC ID number of contributing federal political committee. **C**

Name of Employer Shreveport Anesthesia Servic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4233.31**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : A-CF12865**

Amount of Each Receipt this Period  
**216.67**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Maxie Almond**

Mailing Address PO Box 1060

City Coushatta State LA Zip Code 71019-1060

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : A-CF13016**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George A. Baldwin Jr.**

Mailing Address 10995 Belle Cour Way

City Shreveport State LA Zip Code 71106-7706

FEC ID number of contributing federal political committee. **C**

Name of Employer Baldwin Madden Energy, LLC Occupation Petroleum Engineer/Businessman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : A-CF13059**

Amount of Each Receipt this Period  
**625**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**941.67**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Katherine L. Bicknell**

Mailing Address 405 Trinity Circle

City Shreveport State LA Zip Code 71106-2340

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : A-CF13004**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Melvin G. Bourgeois**

Mailing Address 3101 Lake Palourde Drive

City Morgan City State LA Zip Code 70380-1518

FEC ID number of contributing federal political committee. **C**

Name of Employer Bourgeois Medical Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : A-CF12969**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Claude Y Bundrick**

Mailing Address 601 Unadilla Street

City Shreveport State LA Zip Code 71106-1241

FEC ID number of contributing federal political committee. **C**

Name of Employer Bundrick Farms Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 14 / 2014**

**Transaction ID : A-CF12899**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2950.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. W. Stewart Bundrick Jr.**

Mailing Address 207 N Beach Drive

City State Zip Code  
Bossier City LA 71111-5173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ark-La-Tex Urology & Prostat Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4375**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : A-CF12867**

Amount of Each Receipt this Period  
**625**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Margaret T. Carter**

Mailing Address 333 Parkway Drive

City State Zip Code  
Natchitoches LA 71457-5521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Physician - Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : A-CF13141**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James H. Colvin Jr.**

Mailing Address 939 N Main Street

City State Zip Code  
Homer LA 71040-3845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 14 / 2014**

**Transaction ID : A-CF12898**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1075.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Honorable Coy M. Cooper**

Mailing Address 439 Plaza Circle

City State Zip Code  
Bossier City LA 71111-4811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bollinger Millwork & Supply, Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : A-CF12970**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Lawson G. Cox**

Mailing Address 5550 College Drive

City State Zip Code  
Baton Rouge LA 70806-7241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : A-CF12968**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. W. Peyton Cunningham**

Mailing Address 1943 E 70th Street  
Suite A

City State Zip Code  
Shreveport LA 71105-5389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : A-CF13060**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**400.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. John E. Erffmeyer**

Mailing Address 4949 Stumberg Lane  
Apt. 194

City Baton Rouge State LA Zip Code 70816-4793

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **715**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : A-CF13044**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**The Honora Kenneth W. Franklin**

Mailing Address 572 Main Street

City Marion State LA Zip Code 71260-4753

FEC ID number of contributing federal political committee. **C**

Name of Employer Town of Marion Occupation Mayor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : A-CF13006**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael T. Gray**

Mailing Address PO Box 6202

City Metairie State LA Zip Code 70009-6202

FEC ID number of contributing federal political committee. **C**

Name of Employer Gray Insurance Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : A-CF13009**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1350.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Harryette W. Hand**

Mailing Address 2506 Benton Road

City State Zip Code  
Bossier City LA 71111-2306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : A-CF12971**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Dianne S. Harmon**

Mailing Address 1986 Harmon Loop

City State Zip Code  
Homer LA 71040-5802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harmon Wood Company, Inc. Timber Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : A-CF12881**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John T. Harvey**

Mailing Address 33 Provident Oaks

City State Zip Code  
Bossier City LA 71111-5456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harvey of Bossier City, Inc Auto Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : A-CF13151**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3050.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 73  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Joan E. Ingram**

Mailing Address 47053 Scott Drive

City Hammond State LA Zip Code 70401-7324

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : A-CF13003**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Clay Johnson**

Mailing Address 445 Cook Road

City Arcadia State LA Zip Code 71001-5326

FEC ID number of contributing federal political committee. **C**

Name of Employer Self - Farm Bureau Ins. Occupation Insurance Agent/CLU/LUTCF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : A-CF12882**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Cindy Kemmerly**

Mailing Address 215 Fernwood Lane

City Minden State LA Zip Code 71055-7533

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : A-CF13047**

Amount of Each Receipt this Period  
**1300**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1650.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Edward A. Koechle**

Mailing Address 5411 Concord Street

City State Zip Code  
Bossier City LA 71111-5505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**670**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : A-CF12926**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**LTC Eugene H. Lehmann (RET)**

Mailing Address 213 Lynch Street

City State Zip Code  
Benton LA 71006-9740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Military

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**215**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : A-CF13134**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. J. Lee Leonard**

Mailing Address 1405 Greenbriar Road

City State Zip Code  
Lafayette LA 70503-3659

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : A-CF13149**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. O. Bryant Lewis**

Mailing Address 3595 Park Drive

City Haynesville State LA Zip Code 71038-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Timber Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : A-CF12954**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas M. Litton Jr.**

Mailing Address 18925 Highway 175

City Mansfield State LA Zip Code 71052-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : A-CF13116**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. James E. Lusk**

Mailing Address 744 Hazelwood Drive

City Shreveport State LA Zip Code 71106-7225

FEC ID number of contributing federal political committee. **C**

Name of Employer Lusk Eye Specialists Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4325**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : A-CF12866**

Amount of Each Receipt this Period  
**1200**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1350.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gregory K. Madden**

Mailing Address 201 Oak Alley Boulevard

City State Zip Code  
Bossier City LA 71111-5485

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baldwin Madden Energy, LLC Petroleum Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : A-CF12920**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald R. Miley**

Mailing Address 1051 Regile Lane

City State Zip Code  
Ville Platte LA 70586-8355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**245**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : A-CF12965**

Amount of Each Receipt this Period  
**35**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Taylor F. Moore**

Mailing Address 300 Pierremont Road  
Unit 34

City State Zip Code  
Shreveport LA 71106-2230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Shreveport Baseball, Inc Owner/President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : A-CF12948**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4635.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. George D. Nelson Jr.**

Mailing Address PO Box 5

City Shreveport State LA Zip Code 71161-0005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Querbes & Nelson Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : A-CF12868**

Amount of Each Receipt this Period  
**625**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James C. Pazzaglia**

Mailing Address 2102 Landau Lane

City Bossier City State LA Zip Code 71111-5531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : A-CF13015**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Judy Read**

Mailing Address 285 Read Road

City Farmerville State LA Zip Code 71241-7937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Read Lumber & Supply, Inc. Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : A-CF13008**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1225.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Erline D. Richardson**

Mailing Address 1357 Richardson Loop

City Homer State LA Zip Code 71040-8429

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : A-CF13053**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Hershel D. Roark**

Mailing Address PO Box 5847

City Shreveport State LA Zip Code 71135-5847

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Small Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : A-CF12973**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Christopher J. Saal**

Mailing Address 208 Comanche Drive

City Houma State LA Zip Code 70360-6294

FEC ID number of contributing federal political committee. **C**

Name of Employer Oral Facial Surgery Ctr Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : A-CF12879**

Amount of Each Receipt this Period  
**200**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**950.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Herbert E. Schilling II**

Mailing Address 2901 Moss Street

City State Zip Code  
Lafayette LA 70501-1241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Schilling Distributing Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : A-CF13117**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph W. Sepulvado**

Mailing Address 2535 Desiree Meshell Road

City State Zip Code  
Shreveport LA 71115-8666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jody's Lawn Team Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : A-CF12884**

Amount of Each Receipt this Period  
**625**

**C.** Full Name (Last, First, Middle Initial)  
**Pauline L. Shaw**

Mailing Address 136 Pauline Lee Road

City State Zip Code  
Many LA 71449-7247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : A-CF12942**

Amount of Each Receipt this Period  
**35**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1660.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael Simon**

Mailing Address 531 W Laurel Avenue

City State Zip Code  
Eunice LA 70535-4103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : A-CF12972**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Brad Simpson**

Mailing Address 1029 Ridgewood Circle

City State Zip Code  
Minden LA 71055-3001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : A-CF13049**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Brett A. Simpson**

Mailing Address 254 Simpson Loop

City State Zip Code  
Homer LA 71040-5366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
D & S Oil Gas Operators Inc Oil & Gas

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : A-CF13052**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce Simpson**

Mailing Address 309 Evans Drive

City State Zip Code  
El Dorado AR 71730-8676

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Oil & Gas

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : A-CF13050**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Shirley B. Simpson**

Mailing Address 181 Simpson Loop

City State Zip Code  
Homer LA 71040-5365

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : A-CF13051**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Wayne L. Simpson**

Mailing Address 8716 Glenmora Drive

City State Zip Code  
Shreveport LA 71106-6233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WLS Corporation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : A-CF13084**

Amount of Each Receipt this Period  
**150**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**650.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. M. Ashley W. Sipes</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 2081 Pepper Ridge Drive		<b>Transaction ID : A-CF12915</b>	
City Shreveport	State LA	Amount of Each Receipt this Period 625	
Zip Code 71115-9412			
FEC ID number of contributing federal political committee. C			
Name of Employer Willis-Knighton	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000		

Full Name (Last, First, Middle Initial) <b>B. Mayor Reggie G. Skains</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address PO Box 98		<b>Transaction ID : A-IF13132</b>	
City Downsville	State LA	Amount of Each Receipt this Period 409.53	
Zip Code 71234-0098		Inkind: Event Catering	
FEC ID number of contributing federal political committee. C			
Name of Employer Village of Downsville	Occupation Mayor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 509.53		

Full Name (Last, First, Middle Initial) <b>C. Dr. J. Dudley Talbot</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 531 Lloyd Lane		<b>Transaction ID : A-CF13045</b>	
City Shreveport	State LA	Amount of Each Receipt this Period 100	
Zip Code 71106-4742			
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Physican Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1134.53
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Wyatt H. Thomas**

Mailing Address 1822 Smyrna Road

City Keatchie	State LA	Zip Code 71046-2920
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wyatt Thomas Electric Co	Occupation Owner
--	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		26		2014

**Transaction ID : A-CF12947**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Ronald S. Thompson**

Mailing Address 236 Thompson Road

City Bernice	State LA	Zip Code 71222-3302
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**260**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		11		2014

**Transaction ID : A-CF13089**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Lewis W. Tilley**

Mailing Address 917 Walnut Hill Road

City Leesville	State LA	Zip Code 71446-7652
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		05		2014

**Transaction ID : A-CF13063**

Amount of Each Receipt this Period  
**50**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**575.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>Mr. Hines S. Vaughan</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 7717 Creswell Road Lot 13		<b>Transaction ID : A-CF13155</b>
City Shreveport	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 450
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Mr. Richard L. Walker</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 5525 Gravelly Beach Loop NW		<b>Transaction ID : A-CF13041</b>
City Olympia	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50
Name of Employer Self	Occupation Attorney	Election Cycle-to-Date 350
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Mr. R. Scott Ward</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 604 Parlange Circle		<b>Transaction ID : A-CF12887</b>
City Shreveport	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000
Name of Employer SCI Wood & Steel Truss System	Occupation General Manager	Election Cycle-to-Date 1000
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Tom D. West**

Mailing Address 143 Fire Willow Trail

City	State	Zip Code
Sunset	LA	70584-6137

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 28 / 2014**

**Transaction ID : A-CF12991**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Kenneth J. Whitehurst**

Mailing Address 7223 Gilbert Drive

City	State	Zip Code
Shreveport	LA	71106-4730

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Palmer Petroleum, Inc.	Oil & Gas President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : A-CF12924**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Edward Wilkerson**

Mailing Address 338 Dan Drive

City	State	Zip Code
Eunice	LA	70535-6861

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
self	Oil & gas

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : A-CF13150**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. R. E. Woodard Jr.**

Mailing Address 419 Garrison Trail

City Minden State LA Zip Code 71055-8986

FEC ID number of contributing federal political committee. **C**

Name of Employer Woodard Investments Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 28 / 2014**

**Transaction ID : A-CF12993**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Ray Young**

Mailing Address PO Box 648

City Wisner State LA Zip Code 71378-0648

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Farmer / Ag Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : A-CF13090**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1100.00**

**30396.20**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American College of Radiology Assoc PAC**

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : A-CF13126**

Amount of Each Receipt this Period  
 1500

**B.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering Companies PAC**

Mailing Address 1015 15th Street NW Suite 802

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : A-CF13159**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar PAC**

Mailing Address 101 3rd Street N

City Moorhead State MN Zip Code 56560-1952

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : A-CF12992**

Amount of Each Receipt this Period  
 5000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Osteopathic Information PAC**

Mailing Address 1090 Vermont Avenue NW  
Suite 510

City Washington State DC Zip Code 20005-4949

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : A-CF12896**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**American Society of Anesthesiologists**

Mailing Address 1061 American Lane

City Schaumburg State IL Zip Code 60173-4973

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : A-CF13158**

Amount of Each Receipt this Period  
3500

**C.** Full Name (Last, First, Middle Initial)  
**Anadarko Petroleum Corporation Pac**

Mailing Address 1201 Lake Robbins Drive

City The Woodlands State TX Zip Code 77380-1176

FEC ID number of contributing federal political committee. **C** C00231951

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : A-CF13131**

Amount of Each Receipt this Period  
2000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ash Grove Cement PAC**

Mailing Address **PO Box 25900**

City **Shawnee Mission** State **KS** Zip Code **66225-5900**

FEC ID number of contributing federal political committee. **C C00102517**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : A-CF13140**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**At&T Inc. Federal Political Action Committee (At&T Federal Pac)**

Mailing Address **208 S Akard Street  
Suite 2701**

City **Dallas** State **TX** Zip Code **75202-4206**

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : A-CF12953**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Center for Coastal Conservation PAC**

Mailing Address **701 8th Street NW  
Suite 500**

City **Washington** State **DC** Zip Code **20001-3965**

FEC ID number of contributing federal political committee. **C C00435024**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : A-CF13094**

Amount of Each Receipt this Period  
**2500**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION & NBC UNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK Boulevard, 49th Floor  
35th Floor

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : A-CF12895**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
Entergy Corporation PAC

Mailing Address 101 Constitution Avenue NW  
Suite 200

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : A-CF13125**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
Freeport McMoran Copper & Gold Citizens

Mailing Address 333 N Central Avenue

City Phoenix State AZ Zip Code 85004-2121

FEC ID number of contributing federal political committee. **C** C00320101

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : A-CF13071**

Amount of Each Receipt this Period  
 2500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**General Electric Political Action Commit**

Mailing Address 1299 Pennsylvania Avenue NW  
Suite 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : A-CF13128**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Harris Corporation PAC**

Mailing Address 600 Maryland Avenue SW  
Suite 850E

City Washington State DC Zip Code 20024-2566

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : A-CF13148**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Honeywell PAC**

Mailing Address 101 Constitution Avenue NW  
Suite 500 W

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : A-CF13160**

Amount of Each Receipt this Period  
5000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 73  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lone Star Leadership PAC**

Mailing Address **PO Box 30844**

City **Bethesda** State **MD** Zip Code **20824-0844**

FEC ID number of contributing federal political committee. **C C00415208**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : A-CF13129**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**MINEPAC, A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION**

Mailing Address **101 Constitution Avenue NW  
Suite 500 E**

City **Washington** State **DC** Zip Code **20001-2133**

FEC ID number of contributing federal political committee. **C C00304634**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : A-CF12869**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Insurance and Financial Advisors PAC**

Mailing Address **2901 Telestar Court**

City **Falls Church** State **VA** Zip Code **22042-1260**

FEC ID number of contributing federal political committee. **C C00005249**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : A-CF13162**

Amount of Each Receipt this Period  
**2000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A. National Beer Wholesalers Assoc. PAC**

Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assoc. PAC

Mailing Address 1101 King Street  
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : A-CF13146**

Amount of Each Receipt this Period  
2500

**B. National Federation of Independent Business Safe Trust**

Full Name (Last, First, Middle Initial)  
National Federation of Independent Business Safe Trust

Mailing Address 1201 F Street NW  
Suite 200

City Washington State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : A-CF13118**

Amount of Each Receipt this Period  
2000

**C. National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)  
National Rifle Association of America Political Victory Fund

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : A-CF13130**

Amount of Each Receipt this Period  
2000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Shooting Sports Foundation PAC**

Mailing Address 11 Mile Hill Road

City Newtown State CT Zip Code 06470-2328

FEC ID number of contributing federal political committee. **C C00480863**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : A-CF13133**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**New York Life Insurance PAC**

Mailing Address 51 Madison Avenue  
Room 1109

City New York State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : A-CF13124**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**Political Action Committee of the AAOS**

Mailing Address 317 Massachusetts Avenue NE

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : A-CF13113**

Amount of Each Receipt this Period  
 5000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Raytheon Political Action Committee**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209-2249

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : A-CF13095**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Realtors PAC**

Mailing Address 430 N Michigan Avenue

City State Zip Code  
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : A-CF13161**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Safari Club International PAC**

Mailing Address 4800 W Gates Pass Road

City State Zip Code  
Tucson AZ 85745-9600

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : A-CF13147**

Amount of Each Receipt this Period  
2000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TACO PAC**

Mailing Address 6405 Metcalf Avenue  
Suite 503

City Shawnee Mission State KS Zip Code 66202-4084

FEC ID number of contributing federal political committee. **C** C00330118

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : A-CF13127**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Winston & Strawn, LLP Political Action Committee**

Mailing Address 1700 K Street NW

City Washington State DC Zip Code 20006-3817

FEC ID number of contributing federal political committee. **C** C00282921

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : A-CF13139**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

55500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 73
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Regions Bank**

Mailing Address 401 Main Street

City Minden State LA Zip Code 71055-3324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1296.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : A-MF13021**

Amount of Each Receipt this Period  
43.07

Bank Interest

**B.** Full Name (Last, First, Middle Initial)  
**Regions Bank**

Mailing Address 401 Main Street

City Minden State LA Zip Code 71055-3324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1296.78

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : A-MF13193**

Amount of Each Receipt this Period  
47.53

Bank Interest

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

90.60

90.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. ADT Security</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 8880 Esters Boulevard		Amount of Each Disbursement this Period 35.99
City Irving	State TX Zip Code 75063-2406	
Purpose of Disbursement Office Security Monitoring		Transaction ID : B-E-12892
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. ADT Security</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 8880 Esters Boulevard		Amount of Each Disbursement this Period 35.99
City Irving	State TX Zip Code 75063-2406	
Purpose of Disbursement Office Security Monitoring		Transaction ID : B-E-13076
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Allegra Marketing - Print - Mail</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 1115 Pierremont Road		Amount of Each Disbursement this Period 489.75
City Shreveport	State LA Zip Code 71106-1952	
Purpose of Disbursement Invitation Printing		Transaction ID : B-E-12918
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	561.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Allegra Marketing - Print - Mail</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 1115 Pierremont Road		Amount of Each Disbursement this Period 7,222.22 <b>Transaction ID : B-E-12978</b>
City Shreveport State LA Zip Code 71106-1952	Purpose of Disbursement Event Invitations	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Allegra Marketing - Print - Mail</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2014
Mailing Address 1115 Pierremont Road		Amount of Each Disbursement this Period 5.00 <b>Transaction ID : B-E-13097</b>
City Shreveport State LA Zip Code 71106-1952	Purpose of Disbursement Direct Mail Production Balance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 558.83 <b>Transaction ID : B-E-13101</b>
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Travel- See Memos for Itemizations	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	722.22
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 182 Howard Street Suite 8		Amount of Each Disbursement this Period 21
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Car Service	Transaction ID : B-S-1574
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(09/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1350
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Software and Compliance Consulting	Transaction ID : B-E-12910
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1350
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Software and Compliance Consulting	Transaction ID : B-E-13103
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 73		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 32 Avenue Of The Americas		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-12891</b>
City New York	State NY	
Zip Code 10013-2473	Purpose of Disbursement Data Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 32 Avenue Of The Americas		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-13078</b>
City New York	State NY	
Zip Code 10013-2473	Purpose of Disbursement Data Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 145.03 <b>Transaction ID : B-E-12908</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	195.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 73		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 145.03 <b>Transaction ID : B-E-13102</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 900.99 <b>Transaction ID : B-E-13108</b>
City Atlanta	State GA	
Zip Code 30353-6216	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 1923 Main Street		Amount of Each Disbursement this Period 56.9 <b>Transaction ID : B-E-13074</b>
City Franklin	State LA	
Zip Code 70538-3117	Purpose of Disbursement Transaction Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1102.92
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 131.74
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meals	
Candidate Name		Transaction ID : B-E-12912
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 36.21
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meals	
Candidate Name		Transaction ID : B-E-13105
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Citi Cards</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 22.09
City Sioux Falls State SD Zip Code 57117-6500	Purpose of Disbursement Bank Fees	
Candidate Name		Transaction ID : B-E-12906
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	190.04
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial)  
**A. Citi Cards**

Mailing Address PO Box 6500

City: Sioux Falls State: SD Zip Code: 57117-6500

Purpose of Disbursement: See Memos

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 09 / 16 / 2014

Amount of Each Disbursement this Period: 1244.8

Transaction ID : B-E-13100

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial)  
**B. Office Depot #446**

Mailing Address 1708 E 70th Street

City: Shreveport State: LA Zip Code: 71105-5202

Purpose of Disbursement: Office Supplies

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 08 / 07 / 2014

Amount of Each Disbursement this Period: 27.13

Transaction ID : B-S-1565

**[MEMO ITEM]**  
Subitemization of Citi Cards(09/16/14)

Full Name (Last, First, Middle Initial)  
**c. Office Depot #446**

Mailing Address 1708 E 70th Street

City: Shreveport State: LA Zip Code: 71105-5202

Purpose of Disbursement: Office Supplies

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 08 / 23 / 2014

Amount of Each Disbursement this Period: 60.81

Transaction ID : B-S-1567

**[MEMO ITEM]**  
Subitemization of Citi Cards(09/16/14)

**SUBTOTAL** of Disbursements This Page (optional)..... 1244.80

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Port Au Prince Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 3327 Louisiana 146		Amount of Each Disbursement this Period 1061.99
City Homer	State LA	
Zip Code 71040	Purpose of Disbursement Catering	Transaction ID : B-S-1568
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Citi Cards(09/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citi Cards</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 6.05
City Sioux Falls	State SD	
Zip Code 57117-6500	Purpose of Disbursement Bank Fees	Transaction ID : B-S-1569
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Citi Cards(09/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Comcast, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address PO Box 53708		Amount of Each Disbursement this Period 275.89
City Lafayette	State LA	
Zip Code 70505-3708	Purpose of Disbursement Cable & Internet Service	Transaction ID : B-E-12911
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	275.89
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Comcast, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 53708		Amount of Each Disbursement this Period 275.85 <b>Transaction ID : B-E-13104</b>
City Lafayette	State LA Zip Code 70505-3708	
Purpose of Disbursement Cable & Internet Service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Janet Bain Company</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 1015 Beverley Drive		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-12916</b>
City Alexandria	State VA Zip Code 22302-2421	
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Janet Bain Company</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 1015 Beverley Drive		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-12980</b>
City Alexandria	State VA Zip Code 22302-2421	
Purpose of Disbursement Fundraising Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3275.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 73		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

**A. Louisiana Family Forum**

Full Name (Last, First, Middle Initial)  
Mailing Address 655 Saint Ferdinand Street

City Baton Rouge State LA Zip Code 70802-6152

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 1250

Transaction ID : B-E-12977

**B. Mamoo'S Kitchen**

Full Name (Last, First, Middle Initial)  
Mailing Address 441 Mill Creek Drive

City Farmerville State LA Zip Code 71241-5090

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 409.53

Transaction ID : B-S-1583

[MEMO ITEM]  
Subitemization of Reggie Skains(08/25/14)

**c. Martin Services, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 8827

City Shreveport State LA Zip Code 71148-8827

Purpose of Disbursement Pest Control

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 35

Transaction ID : B-E-12979

**SUBTOTAL** of Disbursements This Page (optional) ..... 1285.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Martin Services, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address PO Box 8827		Amount of Each Disbursement this Period 35 <b>Transaction ID : B-E-13143</b>
City Shreveport	State LA	
Zip Code 71148-8827	Purpose of Disbursement Pest Control	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mophie LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 6244 Technology Avenue		Amount of Each Disbursement this Period 265.85 <b>Transaction ID : B-E-13091</b>
City Kalamazoo	State MI	
Zip Code 49009-8113	Purpose of Disbursement Tech Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2001 Airline Drive Suite 156		Amount of Each Disbursement this Period 19.54 <b>Transaction ID : B-E-13166</b>
City Bossier City	State LA	
Zip Code 71111-3291	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	320.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Paragon Press</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 901 Tatum Street		Amount of Each Disbursement this Period 811.47 <b>Transaction ID : B-E-13023</b>
City Shreveport	State LA	
Zip Code 71107-7123	Purpose of Disbursement Envelope Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 9.21 <b>Transaction ID : B-E-12870</b>
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement Transaction Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 51 <b>Transaction ID : B-E-12871</b>
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement Transaction Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	871.68
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 <b>Transaction ID : B-E-12872</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 <b>Transaction ID : B-E-12873</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 56.9 <b>Transaction ID : B-E-12874</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	110.02
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 <b>Transaction ID : B-E-12885</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 1.06 <b>Transaction ID : B-E-12902</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 <b>Transaction ID : B-E-12914</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	54.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 85 <b>Transaction ID : B-E-12919</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 0.43 <b>Transaction ID : B-E-12922</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 21.25 <b>Transaction ID : B-E-12950</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	106.68
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 0.4 <b>Transaction ID : B-E-12951</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 4.25 <b>Transaction ID : B-E-12952</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 0.43 <b>Transaction ID : B-E-12975</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6.08
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 0.43 <b>Transaction ID : B-E-13019</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 4.25 <b>Transaction ID : B-E-13020</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 1.06 <b>Transaction ID : B-E-13022</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 26.56 <b>Transaction ID : B-E-13061</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 4.25 <b>Transaction ID : B-E-13073</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 1.06 <b>Transaction ID : B-E-13083</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31.87
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 4.25 <b>Transaction ID : B-E-13152</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 110.5 <b>Transaction ID : B-E-13153</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 2.13 <b>Transaction ID : B-E-13163</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	116.88
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 1.49 <b>Transaction ID : B-E-13164</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Transaction Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period 147 <b>Transaction ID : B-E-13075</b>
City Shreveport	State LA Zip Code 71105-5303	
Purpose of Disbursement Stamps	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1925 E 70th Street		Amount of Each Disbursement this Period 98 <b>Transaction ID : B-E-13122</b>
City Shreveport	State LA Zip Code 71105-5303	
Purpose of Disbursement Stamps	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	246.49
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Public Opinion Strategies, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 25 / 2014</b>
Mailing Address <b>214 N Fayette Street</b>		Amount of Each Disbursement this Period <b>16600</b> <b>Transaction ID : B-E-13144</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-2433</b>	Purpose of Disbursement <b>Polling</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Regions Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 07 / 2014</b>
Mailing Address <b>401 Main Street</b>		Amount of Each Disbursement this Period <b>908</b> <b>Transaction ID : B-E-12890</b>
City <b>Minden</b> State <b>LA</b> Zip Code <b>71055-3324</b>	Purpose of Disbursement <b>Cashiers Check- See Memos</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Regions Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 08 / 2014</b>
Mailing Address <b>401 Main Street</b>		Amount of Each Disbursement this Period <b>8</b> <b>Transaction ID : B-S-1563</b>
City <b>Minden</b> State <b>LA</b> Zip Code <b>71055-3324</b>	Purpose of Disbursement <b>Bank Fee</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Regions Bank(08/07/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>17508.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Louisiana Secretary of State</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address PO Box 94125		Amount of Each Disbursement this Period 900
City Baton Rouge	State LA	
Zip Code 70804-9125	Purpose of Disbursement Ballot Access Fee	Transaction ID : B-S-1564
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Regions Bank(08/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Regions Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 401 Main Street		Amount of Each Disbursement this Period 1.5
City Minden	State LA	
Zip Code 71055-3324	Purpose of Disbursement Bank Fees	Transaction ID : B-E-13174
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rivergate Investments, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 2205 E 70th Street		Amount of Each Disbursement this Period 1070
City Shreveport	State LA	
Zip Code 71105-5321	Purpose of Disbursement Office Rent & CAM charges	Transaction ID : B-E-12909
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1071.50
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. SCM Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO Box 254		Amount of Each Disbursement this Period 284.68 <b>Transaction ID : B-E-13028</b>
City Dublin	State NH	
Zip Code 03444-0254	Purpose of Disbursement Direct Mail Production and Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SCM Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO Box 254		Amount of Each Disbursement this Period 750 <b>Transaction ID : B-E-13029</b>
City Dublin	State NH	
Zip Code 03444-0254	Purpose of Disbursement Direct Mail Creative Design Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. SCM Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address PO Box 254		Amount of Each Disbursement this Period 3064.25 <b>Transaction ID : B-E-13145</b>
City Dublin	State NH	
Zip Code 03444-0254	Purpose of Disbursement Direct Mail Production and Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4098.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Stephanie McKenzie</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 188 Grey Eagle Drive			Amount of Each Disbursement this Period 1310.17	
City Shreveport	State LA	Zip Code 71115-2979	Transaction ID : B-E-12997	
Purpose of Disbursement Salary		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Stephanie McKenzie</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 188 Grey Eagle Drive			Amount of Each Disbursement this Period 283	
City Shreveport	State LA	Zip Code 71115-2979	Transaction ID : B-E-13026	
Purpose of Disbursement Reimbursement for Mileage		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Stephanie McKenzie</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 188 Grey Eagle Drive			Amount of Each Disbursement this Period 1310.17	
City Shreveport	State LA	Zip Code 71115-2979	Transaction ID : B-E-13170	
Purpose of Disbursement Salary		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2903.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Swepco</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address PO Box 24404		Amount of Each Disbursement this Period 2666.00 <b>Transaction ID : B-E-12907</b>
City Canton	State OH	
Purpose of Disbursement Utilities	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Swepco</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 24404		Amount of Each Disbursement this Period 183.07 <b>Transaction ID : B-E-13098</b>
City Canton	State OH	
Purpose of Disbursement Utilities	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 2267.24 <b>Transaction ID : B-E-12998</b>
City Washington	State DC	
Purpose of Disbursement Payroll Taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2616.32
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 73			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 2257.42 <b>Transaction ID : B-E-13171</b>
City Washington State DC Zip Code 20220-0001	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 354.27 <b>Transaction ID : B-E-12905</b>
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Phones	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 472.49 <b>Transaction ID : B-E-13099</b>
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Phones	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3084.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 613.18 <b>Transaction ID : B-E-13107</b>
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart #0278</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 1645 E Bert Kouns Industrial Loop		Amount of Each Disbursement this Period 21.7 <b>Transaction ID : B-E-12903</b>
City Shreveport	State LA	
Zip Code 71105-5725	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark Malone</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 3801 Greenway Place		Amount of Each Disbursement this Period 2030.5 <b>Transaction ID : B-E-13123</b>
City Shreveport	State LA	
Zip Code 71105-2015	Purpose of Disbursement Travel Reimbursement- See Memos	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2665.38
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 73			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 442.6
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Airfare	Transaction ID : B-S-1581
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Mark Malone(09/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 600 Corporate Park Drive		Amount of Each Disbursement this Period 1587.9
City Saint Louis	State MO	
Zip Code 63105-4204	Purpose of Disbursement Car Rental	Transaction ID : B-S-1582
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Mark Malone(09/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Loraine F. McKenzie</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 1472.1
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Salary	Transaction ID : B-E-12995
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1472.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 73		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Loraine F. McKenzie</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 16.5 <b>Transaction ID : B-E-13024</b>
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Reimbursement for Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Loraine F. McKenzie</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 107 S Hardwick Drive		Amount of Each Disbursement this Period 1449.17 <b>Transaction ID : B-E-13168</b>
City Bossier City	State LA	
Zip Code 71111-6034	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mayor Reggie G. Skains</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO Box 98		Amount of Each Disbursement this Period 409.53 <b>Transaction ID : B-I-13132</b>
City Downsville	State LA	
Zip Code 71234-0098	Purpose of Disbursement Inkind: Event Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1875.20
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 73		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Miss Sarah E Thomas</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 9854 Wallace Lake Road		Amount of Each Disbursement this Period 3233.29 <b>Transaction ID : B-E-12996</b>
City Shreveport	State LA Zip Code 71106-8010	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Miss Sarah E Thomas</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 9854 Wallace Lake Road		Amount of Each Disbursement this Period 287.4 <b>Transaction ID : B-E-13027</b>
City Shreveport	State LA Zip Code 71106-8010	
Purpose of Disbursement Reimbursement for Mileage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Miss Sarah E Thomas</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 9854 Wallace Lake Road		Amount of Each Disbursement this Period 3233.29 <b>Transaction ID : B-E-13169</b>
City Shreveport	State LA Zip Code 71106-8010	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6753.98
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 73		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 44 <b>Transaction ID : B-E-12875</b>
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Reimbursement for Mileage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 1584.78 <b>Transaction ID : B-E-12994</b>
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period 42 <b>Transaction ID : B-E-13025</b>
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Reimbursement for Mileage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1670.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Abby Varnadore</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2014</b>
Mailing Address 490 Sommersby Drive		Amount of Each Disbursement this Period <b>1584.78</b>
City Minden	State LA Zip Code 71055-6216	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : <b>B-E-13167</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1584.78</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>64602.74</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 73	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Fleming For Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 239.77
City Fort Lauderdale	State FL	
Zip Code 33336-0001	Purpose of Disbursement Westrom for Congress In-King Lodging and Meals	<b>Transaction ID : B-E-13112</b>
Candidate Name <b>Torrey Westrom</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: MN District: 07		

Full Name (Last, First, Middle Initial) <b>B. Hyatt Regency DFW</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 2334 International Pkwy		Amount of Each Disbursement this Period 220.63
City Dallas	State TX	
Zip Code 75261	Purpose of Disbursement Lodging	<b>Transaction ID : B-S-1580</b>
Candidate Name <b>Torrey Westrom</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(09/17/14)
State: MN District: 07		

Full Name (Last, First, Middle Initial) <b>c. Westrom For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address PO Box 210		Amount of Each Disbursement this Period 239.77
City Elbow Lake	State MN	
Zip Code 56531-0210	Purpose of Disbursement Travel	<b>Transaction ID : B-I-13111</b>
Candidate Name <b>Torrey Westrom</b>	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Inkind Donation Made
State: MN District: 07		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	239.77
<b>TOTAL</b> This Period (last page this line number only).....	239.77

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L721**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000	31264.92	18735.08

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 17 / Y 2008	M M / D D / On Demand	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 18735.08 <b>Transaction ID : SC/10-L721.G</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	18735.08
<b>TOTALS</b> This Period (last page in this line only).....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L755**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000	0	60000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 15 / Y 2008	M M / D D / Y On Demand	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 60000 <b>Transaction ID : SC2/10-L755.G</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	60000.00
<b>TOTALS</b> This Period (last page in this line only).....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Fleming For Congress** Transaction ID : **SC/10-L784**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. John C Fleming(Line of Credit) Jr.</b>	Election: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Runoff 2008
Mailing Address PO Box 1236	

City	State	ZIP Code
Minden	LA	71058-1236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000	0	70000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 28 / Y 2008	M M / D D / Y On Demand	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Mr. John C Fleming Jr.	Name of Employer Self-Employed
Mailing Address PO Box 1236	Occupation Physician
City State ZIP Code Minden LA 71058-1236	Amount Guaranteed Outstanding: 70000 <b>Transaction ID : SC2/10-L784.G</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	70000.00
<b>TOTALS</b> This Period (last page in this line only).....	148735.08

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**